

DISTRICT CLASSIFICATION

To the District Clerk:

Please provide the following information for each LE in the district and return to the County Superintendent for their records.

LE Number: _____ District Name: _____

Number of Trustees: _____

Is the board joint with any other board(s) – [20-3-361, MCA](#)?

LE Number: _____ District Name: _____

Start Date: _____ End Date: _____

LE Number: _____ District Name: _____

Start Date: _____ End Date: _____

LE Number: _____ District Name: _____

Start Date: _____ End Date: _____

LE Number: _____ District Name: _____

Start Date: _____ End Date: _____

Form Completed By: _____

Date: _____